



Authorized User Policy and Procedure Training

Agenda

Welcome to HealtheConnections

Who We Are

Our Services

Access

- Access at multiple organizations

- Emergency Access

- Authorized User Form

HIPAA & the HIE

Consent

- Consent Process

- Sample Consent

- Consent Values

- Community-Wide Deny

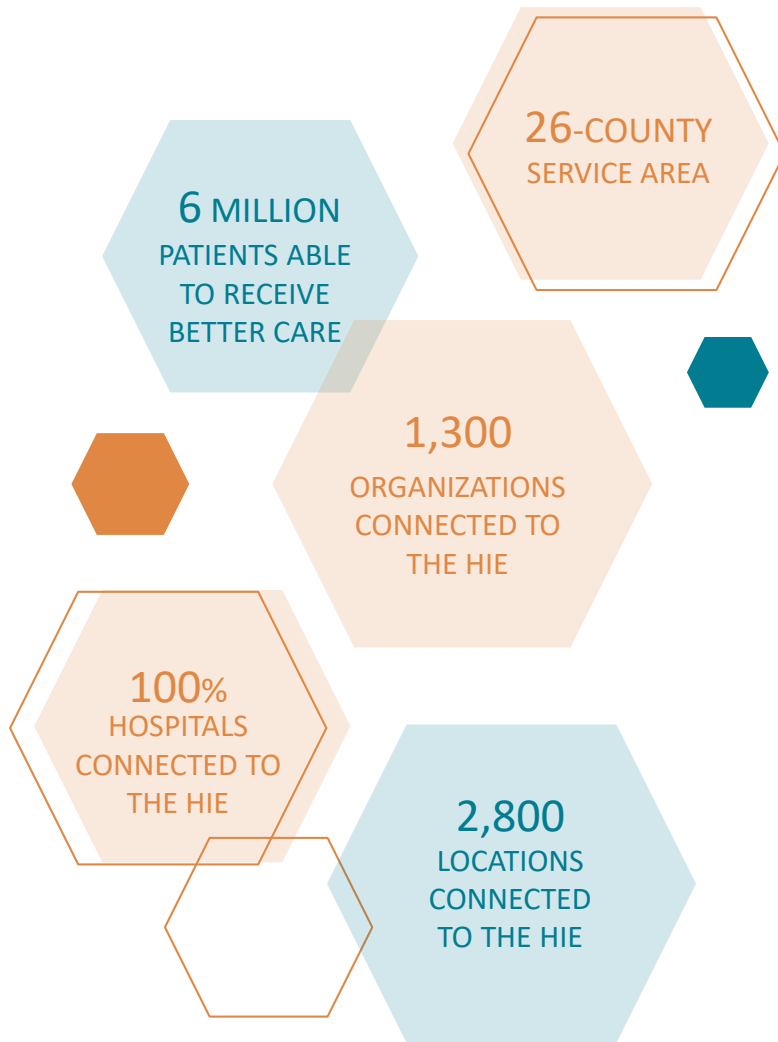
- Minor-Consented Services

Audits

Demo of the system and/or HIE User Manual review*

*HIE User Manual review only required for self-training, along with Policy & Procedure

Who We Are



- Formed in 2010 as the Regional Health Information Organization (RHIO), now covering CNY, Southern Tier, and Hudson Valley
- Manages and oversees the Health Information Exchange (HIE)
- HIE is the single access point for healthcare providers to view a patient's medical records
- Over 400 organizations send data directly to the HIE

HealthConnections Services



Image Exchange

Diagnostic-quality images directly delivered to you



Direct Mail

HIPAA-compliant secure mail & national provider directory



Query-Based Exchange

Access information through state and national databases



Results Access & Delivery

Labs, rads, and reports easily accessed or delivered directly



Patient Lookup

Real-time patient records at the touch of a button



myAlerts

Clinical alerts for hospital admits, discharges, and more with extensive filtering capabilities

Access

- Access to patient records is given to Authorized Users at the organization level
- Users will need to complete an Authorized User form and receive annual refresher training
- The Rhio Administrator for each public health organization is responsible for contacting HealthConnections regarding the activation and deactivation of authorized users

Access at multiple organizations

- Users who work at multiple organizations will only need one username and password
- After logging in, the user will have a specific badge for each organization that they work on behalf of
- It is extremely important to choose the correct facility when utilizing “Patient Lookup”
- Patient consent applies only to the organization at which it was given

Emergency Access

- A limited number of MD's and DO's will have unique access to a feature called "Break the Glass"
- "Break the Glass" access may only be used to access a patient record in the case of emergencies that require emergency treatment, in accordance to Public Health Law Section 2504(4)
- If a user with this security role uses the "Break the Glass" feature, an audit WILL Automatically be generated
- All "Break the Glass" Audits will require a response from the organization's RHIO Administrator
- LIMITED users will have access to "Break the Glass"

Authorized User Form



Authorized User Certification and Application

* Indicates required field. Copy of this form must be kept on file for 5 years by the requesting organization.

* Last Name	* First Name	* Middle Initial
* Title	* Credentials, If any (MD, DO, etc.)	Specialty
* Participating Organization	Department (if applicable)	
* Street Address of Participating Organization	* City	* State * Zip
* Unique Email Address (work email preferred)	* Phone Number	
* Preferred User Name: <small>(we will assign based on availability)</small>	Existing or Previous HIE User Account Information: <input type="checkbox"/> Currently Employed OR <input type="checkbox"/> Previously Employed Elsewhere with Access Organization Name: Username:	
REQUIRED for Prescribing Clinicians:		
NPI:		
* Training Method		* Training Completion Date:
<input type="checkbox"/> RHIO-led training <input type="checkbox"/> Facility staff-led training <input type="checkbox"/> Self-trained		
* Patient Lookup Access Type		
<input type="checkbox"/> Clinical records OR <input type="checkbox"/> Patient Demographics Only <input type="checkbox"/> Public Health (only available for PH organizations)		
Break The Glass Access is not granted to all users by default. If you require Break The Glass Access, please complete supplemental BTG request form (subject to review).		
* Additional Options (check with your RHIO Administrator for available options)		
<input type="checkbox"/> Secure Mail <input type="checkbox"/> Transfer to PACS (TTP) <input type="checkbox"/> Alerts (Complete Alert Form)		
<input type="checkbox"/> Community Referrals ** <input type="checkbox"/> SSO (provide SsoLogin Username): <input type="checkbox"/> myResults (including delegation - Complete myResults Form)		
<input type="checkbox"/> Perinatal Referrals <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Audit Report Recipient		
** Secure Mail Address for Community Referrals (leave blank if requesting new HealthConnections Secure Mail account):		

By signing this document, I confirm that I have completed HIE training, read & understand the HIE access policies & I am requesting an HIE account:

Signature:	Date:
Photo ID Type (e.g., Driver's License, Employee Badge):	ID Number:

By signing this document, I, the RHIO Administrator, HealthConnections Trainer or other Authorized Individual certifies the identity of this user has been proven:

Authorizing Signature:	Date:
Authorizing Signature's Email Address:	Title:

PLEASE SUBMIT TO SUPPORT@HEALTHCONNECTIONS.ORG OR FAX TO 1-315-407-0053.



Protected Health Information (PHI)

Protected Health Information (PHI) is any individually identifiable health information, which may include sensitive health conditions including, but not limited to:

- Substance Use Disorder
- Birth control and abortion (Family planning)
- Genetic (inherited) diseases or tests
- Any mention of HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

Redisclosure Notice: Any patient records that are accessed through HealtheConnections' health information exchange are subject to all applicable federal and state laws for redisclosure, including but not limited to Minor Consented Services, Substance Use Disorder, HIV/AIDS, Mental Health, and Developmental Disabilities. If such information is present in the HIE, law prohibits you from making any further disclosure of this information without the written consent of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose. As an authorized user of the HIE, you are responsible for understanding and following the applicable laws.

HIPAA

HIPAA privacy and security rules must be followed for using the HIE, including, but not limited to, rules such as:

- Minimum Necessary Access
- Redisclosure requirements (State and Federal)
- Do not share your login credentials with anyone
- Do not look up yourself, family members, or friends
- **Looking up your own record is a VIOLATION and will create an AUDIT**

PHI should be securely shared using one of the following methods:

- Direct Mail
- Fax
- Email – **only** if the PHI file is encrypted and/or password protected

For more information about HIPAA policy, visit: <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>



Consent

NYS law requires that Participating Organizations obtain a patient's consent before viewing their PHI for non-emergency treatment

- HIE records may only be viewed for patients who provide an affirmative consent
- A patient's consent applies only to the Participating Organization that collected the consent form, not to all Participating Organizations
 - Patients only need to provide consent for a Participating Organization **one time**
 - A patient may change their consent value at any time by filling out a new consent form at each Participating Organization
- For non-public health access, NYS law requires each participating organization to obtain a patient's consent before viewing their PHI for non-emergency treatment
- A patient's consent applies only to the participating organization that collected the consent form, not to all participating organizations
- Any authorized user at the participating organization may access a consenting patient's health record, with the appropriate security role
- Providers cannot refuse treatment to patients based on willingness to provide consent

Sample Consent



Authorization for Access to Patient Information through a Health Information Exchange Organization

New York State Department of Health

Patient Name	Date of Birth
Other Names Used (e.g., Maiden Name):	

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose ~~whether or not~~ to allow **SAMPLE**, to obtain access to my medical records through the health information exchange organization called **HealthConnections**. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. **HealthConnections** is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit **HealthConnections** website at <http://healthconnections.org/>.

My information may be accessed in the event of an emergency, unless I complete this form and check box #3, which states that I deny consent even in a medical emergency.

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

My Consent Choice. ONE box is checked to the left of my choice. I can fill out this form now or in the future. I can also change my decision at any time by completing a new form.
<input type="checkbox"/> 1. I GIVE CONSENT for SAMPLE to access ALL of my electronic health information through HealthConnections to provide health care services (including emergency care).
<input type="checkbox"/> 2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for SAMPLE to access my electronic health information through HealthConnections .
<input type="checkbox"/> 3. I DENY CONSENT for SAMPLE to access my electronic health information through HealthConnections for any purpose, even in a medical emergency .

If I want to deny consent for all Provider Organizations and Health Plans participating in **HealthConnections** to access my electronic health information through **HealthConnections**, I may do so by visiting **HealthConnections** website at <http://healthconnections.org/> or calling **HealthConnections** at 315.871.2241 x5.

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)



Consent Values

- **I GIVE CONSENT** for the Provider Organization or Health Plan to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care)
- **I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** for the Provider Organization to access my electronic health information through HealtheConnections
- **I DENY CONSENT** for the Provider Organization or Health Plan to access my electronic health information through HealtheConnections for any purpose, even in a medical emergency

Community-wide Deny Consent

If patient requests “**Community-wide Deny**” consent, the following options are available:

- The patient completes a Community-wide Deny consent form and your organization submits to HealtheConnections Support to enter the consent
- The patient can visit the HealtheConnections office, with photo identification to complete the form and enter the consent
- The patient can take the form and have it notarized and send it to HealtheConnections Support, who will enter the consent

Who can sign consent?

- **Patients under 18 years:** Parents, Legal Guardians, or State Officials can sign the consent form on behalf of the patient
- **Patients aged 18+ years:** May provide consent for themselves
- **Health proxy/representative:** If an agent is appointed by a patient in a health proxy document or due to incapacity to legally make healthcare decisions on behalf of the patient, that agent may provide consent for the patient

Minor Consented Services Override

Patients under 18 years old can override parental/guardian consent for a minor consented service

- An override can only take place if the parent/guardian has not yet consented or has selected “Deny” or “Deny, Except in an Emergency”
 - A minor cannot override a “YES” consent provided by a parent or legal guardian
 - FAQs are available for minor consent override
- To activate the override, a minor must sign an override consent form to give the participating organization permission to access his/her health records only when the minor is physically present
- The override will only remain in effect for the duration of the visit and will expire when the authorized user logs out of the patient’s record when the encounter is complete

Consent Exceptions

Consent is **NOT** required for:

- Data sources sending patient medical records to the HIE, except for Substance Use Disorder (CFR 42)
- One-to-One Exchanges (Results Delivery)
- Emergency Situations, if patient has not yet consented, or has not selected “Deny to the Participating Organization” or “Community-wide Deny” consent
- De-identified Data
- Public Health access

Capturing Consent

Patient consent can be captured in two ways, depending upon your facility's capabilities:

- Most facilities log into HealthConnections Patient Lookup and enter the patient's consent directly into the HIE
- Hospitals and some practices capture patient consent in their EHRs, which is then sent over electronically to the HIE

Maintaining Consent Forms

Patient consent forms must be kept with a patient's record for six (6) years

- Signed paper consent forms can be stored in patient charts OR electronic (scanned) copies of the consent forms can be kept on file
- Consents are subject to periodic auditing
 - A copy of the patient's signed consent form must be made available in the event of an audit

Access to patient records are audited:

- Break the Glass events are audited daily
- Public Health non-consented access is audited weekly
- Each Participating Organization is required to attest to an annual audit of patient consents, user accesses of patient information, and user logins
- Audits may be triggered by same name logic
- Patients can request audits of access to their own records
 - This can be done via a participating organization or by contacting HealthConnections

Accessing HealtheConnections

Please visit www.HealtheConnections.org to learn more about us

Click on “myConnections Login” to access our portal



Health Information
Exchange

Value-Based Care
Solutions

Population Health
Improvement

About

myConnections Login

Search



We Are Your Regional Health Improvement Organization



Important Information

HealthConnections Support:

Email: support@healthconnections.org

Direct Email: support@hiemail.healthconnections.org

Phone: 315-671-2241 ext. 5

Training Materials:

HIE User Manual accompanies the Authorized User Training

Additional materials and forms are available on our webpage www.healthconnections.org

myConnections:

Use “Forgot Password” on the myConnections login page for password resets



Thank you!

healthconnections.org
info@healthconnections.org

